

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028539

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3976

STATE FILE NUMBER

FILED AUG 6 1963

| | | | |
|--|------------------------|---|----------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 57 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4227 Oak Street | | d. STREET ADDRESS (If outside, give location) 4227 Oak Street | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) FLORENCE MOODY | | 4. DATE OF DEATH July 13, 1963 | |
| First Middle Last | | Month Day Year | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-19-1886 |
| 9. AGE (last birthday) 77 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - | |
| 11. BIRTHPLACE (City and state or country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Edward A. Moody | | 13b. MOTHER'S MAIDEN NAME Rebecca Atchison | |
| 14. NAME OF HUSBAND OR WIFE -- | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT J. L. Freeman | |
| Address Kansas City, Mo. | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) [REDACTED] DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic cerebrovascular insufficiency PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from JAN 63 to JUL 63 and last saw her alive on 3 JUL 63 | | Death occurred at 1 30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) Robert A. Rauch M.D. | | 22b. ADDRESS 4320 Wornall Rd, KC Mo | |
| 22c. DATE SIGNED 14 JUL 63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | |
| 23b. DATE 7-14-63 | | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory | |
| 23d. LOCATION (City, town, or county) Kansas City, Missouri | | 23e. DATE RECD. BY LOCAL REG. 7-15-63 | |
| 23f. REGISTRAR'S SIGNATURE Ruth Long | | 24. FUNERAL DIRECTOR Freeman Mortuary | |
| ADDRESS Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 7-15-63 | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Robert A. Rauch, MEDICAL CERTIFICATION

In Robert A. Raich
4320 Wornall
Va 1-3243

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.